

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/266895

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4		/	/			
5		/	/			
6		/	/			
7		/	/			
8		/	/			
9		/	/			
10		/	/			
11		/	/			
12	/		/			
13		/	/			
14		/	/			
15		/	/			
16		/	/			
17		/	/			
18		/	/			
19		/	/			
20		/	/			
21	/		/			
22		/	/			
23		/	/			
24		/	/			
25	/		/			
26		/	/			
27		/	/			
28		/	/			
29		/	/			
30		/	/			
31		/	/			
32		/	/			
33		/	/			
34		/	/			
35	/		/			
36		/	/			
37		/	/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		/			
43		/	/			
44		/	/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49		80	/			
50			/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67		/				
68	/					
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
75		/				
76		/				
77	/					
78		/				
79		/				
80		/				
81	/					
82		/				
83		/				
84		/				
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91	/					
92		/				
93		/				
94	/					
95		/				
96	/					
97	/					
98	/					
99	/					
100		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						